Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Ser	vice Provider: CAMPUS ONCINE, TUC
Alternative Name(s) of provider is doing busine	Service Provider (including all names under which the service ess): EDUCATION RESOURCE GROUP
WWW. CAMPUS-ON	
Address of Service Provi	ider: 101 SOUTHWESTERN BLUD. #101, SUGARLAN
Name of Agent Designa Notification of Claimed	ted to Receive Infringement: MARK G. Brosius
or similar designation is not accordingly:	ted Agent to which Notification Should be Sent (a P.O. Box eptable except where it is the only address that can be used in the geographic ERN BWD #10(
	esignated Agent: 951 - 294 - 8421
Facsimile Number of De	signated Agent: 928 - 563 - 3976
Email Address of Design	nated Agent: MBROSIUS @ CAMPUS - ONLINE, NET
e:	epresentative of the Designating Service Provider: Date: 7/12/2005
yped or Printed Name ar	nd Title: MARK G. Blosius
	CFO/PARTNER

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 7 /2 7/05



